

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 0 — 0 2 2

2. STATE:

Louisiana3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

**March 8, 2000**

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

**42 CFR 447.321**

7. FEDERAL BUDGET IMPACT:

a. FFY **2000** \$ **(5452.54)**b. FFY **2001** \$ **(11182.53)**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 4.19-B, Item 2a, p1  
p 2**9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):**SAME (TN 00-21) pending  
None-New Page**10. SUBJECT OF AMENDMENT: The purpose of this amendment is to revise thereimbursement methodology  
for outpatient hospital services including outpatient laboratory services, outpatient surgeries,  
rehabilitation services and in-state hospital outpatient services.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: **The Governor does not  
review state plan material.**

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*David Hood by John L. Cour*

13. TYPED NAME:

**David W. Hood**

14. TITLE:

**Secretary**

15. DATE SUBMITTED:

**March 27, 2000**

16. RETURN TO:

**State of Louisiana  
Department of Health & Hospitals  
1201 Capitol Access Road  
PO Box 91030  
Baton Rouge, LA 70821-9030****FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

*03-31-00*

18. DATE APPROVED:

*03/08/2001***PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

*03/08/2000*

20. SIGNATURE OF REGIONAL OFFICIAL:

*Calvin G. Cline*

21. TYPED NAME:

**CALVIN G. CLINE**

22. TITLE:

**ASSOCIATE REGIONAL ADMINISTRATOR  
DIVISION OF MEDICAID AND STATE OPERATI**

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE OF LOUISIANA

Attachment 4.19-B  
Item 2.a., Page 1

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION

42 CFR

447.321

Medical and Remedial  
Care and Services  
Item 2.a.

**OUTPATIENT HOSPITAL SERVICES**

**Clinical diagnostic laboratory services** are reimbursed at the lower of :

- 1) billed charges;
- 2) ninety three percent (93%) of the State maximum amount for CPT codes (based on annual Medicare rates) in effect as of March 7, 2000; or
- 3) Medicare Fee Schedule amount.

**Outpatient surgeries** are reimbursed at :

- 1) the State maximum amount (for those procedures on the State fee schedule based on 1984 Medicare rates); or
- 2) for those procedures not on the State fee schedule, the maximum rate paid on the State fee schedule (based on 1984 Medicare rates) as of March 7, 2000.

**Rehabilitation services (physical, occupational, and speech therapy).** Rates for rehabilitation services are calculated using the base rate from fees on file in 1997. The maximum rates for outpatient rehabilitation services are set using the State maximum rates for rehabilitation services plus an additional 10%. Outpatient hospital rehabilitation services are reimbursed at ninety three percent (93%) of the State maximum rate in effect as of March 7, 2000.

STATE <u>Louisiana</u>	A
DATE REC'D <u>03-31-00</u>	
DATE APPV'D <u>03-08-01</u>	
DATE EFF <u>03-08-00</u>	
HCFA 128 <u>00-22</u>	

TN# 00-22 Approval Date 03/08/01 Effective Date 03/08/00

Supersedes

TN# 00-21

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE OF LOUISIANA

Attachment 4.19-B  
Item 2.a., Page 2

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

**Outpatient hospital services other than clinical diagnostic laboratory, outpatient surgeries, and rehabilitation services are paid as follows:**

**In-state private hospital outpatient services** are reimbursed on a hospital specific cost to charge ratio calculation based on filed cost reports for the period ending in state fiscal year 1997. Final reimbursement is adjusted to 83% of allowable cost through the cost report settlement process.

**In-state public hospital outpatient services** are reimbursed at an interim rate of 60% of billed charges. Final reimbursement is adjusted to 83% of allowable cost through the cost report settlement process.

**Out-of-state hospital outpatient services** are reimbursed at 50% of billed charges.

STATE <u>Louisiana</u>	A
DATE REC'D <u>03-31-00</u>	
DATE APP'D <u>03-08-01</u>	
DATE EFF <u>03-08-00</u>	
HCFA 179 <u>00 22</u>	

TN# 00 22 Approval Date 03/08/01 Effective Date 03/08/00  
Supersedes  
TN# 00 21